



ST. ELIZABETH HIGH SCHOOL

ADMISSION APPLICATION

Date of Application _____

STUDENT INFORMATION

Name _____ Date of Birth _____

Soc. Sec # _____

Present Grade _____ Grade in Sept. _____ Home Phone # _____

Present School _____ Address _____

Elementary School _____ Parish _____

PARENT INFORMATION

Please check one: Mr. _____ Mrs. _____ Mr. & Mrs. _____ Ms. _____

Name _____

Address _____ Development _____

City _____ State _____ Zip _____

Father's Work Phone _____ Employer _____

Mother's Work Phone _____ Employer _____

With whom does the student live: _____

Reason for requesting admission to St. Elizabeth: _____

Parent/Guardian: I hereby give permission to release a copy of school records concerning the above-named student to St. Elizabeth High School.

Parent/Guardian Signature

Date

Please include the \$60.00 Application fee payable to St. Elizabeth High School and the student's school transcript (recent report card, standardized test results, etc.)

SEHS will call parents and schedule an interview when student is to be considered for admission. Acceptances may be made up to September. Thank you for your interest in St. Elizabeth High School.